

**CERTIFICATION OF TRANSLATION  
FOR NON-ENGLISH SPEAKING APPLICANTS OR RECIPIENTS**  
Michigan Department of Human Services

Client Name: \_\_\_\_\_  
Last First MI

Case # /Recipient #: \_\_\_\_\_

For Name or Number Reviewed: \_\_\_\_\_

**Briefly describe contents of form: (application for benefits, negative action notice, child support contact letter or questionnaire, etc):**

**Name, Phone Number, and Agency or Translator:**

\_\_\_\_\_  
Name Phone Number

\_\_\_\_\_  
Agency Name Agency Address

Language documents translated to: \_\_\_\_\_

**I certify that I have accurately translated the information from the above document(s) to the client and the client states they understand the information I have given them.**

\_\_\_\_\_  
Signature of Translator Date

**I certify that the above named document(s) has/been been translated to me and I understand the information given to me by the translator.**

\_\_\_\_\_  
Signature of Client Date

\_\_\_\_\_  
Signature of Case worker Date

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.